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CONFIRMATION NO. 9023

<b>SERIAL NUMBER</b> 10/595,921	<b>FILING OR 371(c) DATE</b> 05/19/2006 <b>RULE</b>	<b>CLASS</b> 324	<b>GROUP ART UNIT</b> 2859	<b>ATTORNEY DOCKET NO.</b> PHNL031352US	
<b>APPLICANTS</b> Jan Konijn, Eindhoven, NETHERLANDS; Cornelis Leonardus Gerardus Ham, Eindhoven, NETHERLANDS;  <b>** CONTINUING DATA ***** L.M.A.</b> This application is a 371 of PCT/IB04/52454 11/17/2004 <b>** FOREIGN APPLICATIONS ***** L.M.A.</b> EUROPEAN PATENT OFFICE (EPO) 03104331.8 11/24/2003  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/05/2007</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>Calis Anna L.M.A.</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> <del>13</del> 19	<b>INDEPENDENT CLAIMS</b> 14
<b>ADDRESS</b> 38107					
<b>TITLE</b> Mri apparatus with means for noise reduction					
<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		